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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/715,224
Filing Date	11/18/2002
First Named Inventor	Jaclyn Michelle Willner
Art Unit	3632
Examiner Name	Gwendolyn Baxter
Attorney Docket Number	

ENCLOSURES (Check all that apply)

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| <input checked="" type="checkbox"/> Fee Transmittal Form
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1) Office Action Summary - 1 pg.
2) Amended Substitute Patent App. with
Specification and Drawings containing no
new matter.
3) \$60 Check 1 month extn. |
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Remarks

- 4) Substitute Specification (17 pages)
5) Substitute Drawings (14 pages)
6) Previous Specification with mark-ups (54 pages)
7) Declaration
8) Application Data Sheet
9) Information Disclosure Statement
10) Return Receipt post card 11) Auto-Reply Facsimile from USPTO

04/15/2005 SFELEKE1 00000007 10715224

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
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Printed name	Kerren R. Willner		
Date	April 11, 2005	Reg. No.	

CERTIFICATE OF TRANSMISSION/MAILING

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Date/Time: 4/11/2005 5:16:48 PM
Subject: Utility Patent Application No. 10/715,224 Substitute Specification

Following please find the substitute Specification for Utility patent application number 10/715,224 and associated documents.

I will be sending the required fee by U.S. Mail.

You may reach me at (516)365-7110 if there are any problems with this fax.

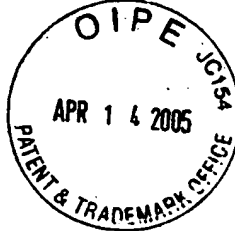
Thank you,
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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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Kerren Willner	(Depositor's name)
<i>Kerren Willner</i>	(Signature)
April 11, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/715,224	11/18/2002	Jaclyn Michelle Willner		
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TITLE OF INVENTION:

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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Utility	Yes	\$60		\$60	4/11/2005
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 1 _____
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 _____
- 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☐ Issue Fee
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5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Kerren Willner*

Date April 11, 2005

Typed or printed name Kerren Willner

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